
Name

Address

Telephone number

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA**

_____,
(Full name of plaintiff)

Plaintiff,

Case No. _____
(To be supplied by Court)

vs.

MICHAEL J. ASTRUE,
Commissioner of Social Security,

**SOCIAL SECURITY
COMPLAINT**

Defendant.

Plaintiff, _____, a resident of _____,
(Plaintiff's full name) (City)
_____, makes the following representations to this Court for the
(State)
purpose of obtaining judicial review of a decision adverse to the plaintiff:

1. Plaintiff complains of a decision which adversely effects him/her in whole or in part. The decision, dated _____, has become the final decision of the Commissioner of Social Security for the purpose of judicial review, and bears the following caption:

In the Case Of

Claim For

(Claimant)

(Wage Earner)

(Social Security Number)

2. Plaintiff alleges that the final decision of the Commissioner is erroneous as a matter of law and regulation for the following reason(s) (for example, lack of procedural due process, lack of substantial evidence, etc.):_____

3. Plaintiff has exhausted administrative remedies in this matter, and the Court has jurisdiction for judicial review under 42 U.S.C. § 405(g).
4. Plaintiff has attached a true and correct copy of the final decision of the Commissioner of Social Security.

WHEREFORE, plaintiff seeks judicial review by the Court and the entry of judgment for such relief as may be proper, including attorney's fees and costs.

I, _____, declare under penalty of perjury, that I have reviewed the above complaint, and that the information contained in this complaint is true and correct.

DATE:_____

(Signature of Plaintiff)